

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008544	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/22/2016
NAME OF PROVIDER OR SUPPLIER SHELBYVILLE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1111 WEST NORTH 12TH STREET SHELBYVILLE, IL 62565		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.670a) 300.670c)1)2)3) 300.690b) 300.690c) 300.1230k)1) 300.1230k)1)2)3)4)</p> <hr/> <p>300.670a) 300.670c)1)2)3) Section 300.670 Disaster Preparedness</p> <p>a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.</p> <p>c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <p>1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and 3) Evaluate the effectiveness of disaster plans and procedures.</p> <p>These requirements were not met as evidenced by the following:</p> <p>Based on interview and record review, the facility</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>failed to perform any disaster drills since the last annual survey on 5/7/2015. This has the potential to affect all 72 residents in the facility.</p> <p>Findings include: The facility "In-Service Education / Meeting Report" dated 4/24/2015 documents the facility held an education in-service for employees on 4/24/2015 for "Fire and Disaster Plan - Tornado." On 4/21/2016 at 3:00 PM, E3 (Maintenance) acknowledged the facility did not complete any disaster drills or training other than the 4/24/2015 in-service. On 4/21/2016 at 3:55 PM, E4 (Registered Nurse) acknowledged the 4/24/2015 training did not include a disaster drill, but was an in-service only. The Resident Census and Condition of Residents Report dated 4/19/2016 documents 72 residents residing in the facility.</p> <p style="text-align: center;">(B)</p> <p>300.690b) 300.690c) Section 300.690 Incidents and Accidents</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>This Requirement is not met as evidenced by: Based on interview and record review the facility failed to notify the state survey agency within 24 hours after two reportable incidents for R19 relating to falls, resulting in injuries. R19 is one of seven residents reviewed for falls in a sample of fifteen.</p> <p>Findings include: The Physicians Order Sheet (POS) dated April 2016 lists the following diagnoses for R19: Traumatic Subdural Hemorrhage, Corticobasal Degeneration, Anxiety and Major Depression. The Minimum Data Set (MDS) dated 11/24/15 documents R19 as cognitively intact and needing one person assistance for all transfers and toileting. The MDS documents R19's balance is unsteady and has impairment on both upper and lower extremities. R19's fall risk assessments dated 8/09/15 and 11/10/15 document R19 at high risk for falls.</p> <p>The facility's form titled "Accident/Incident Report" dated 4/19/16 includes two falls for R19. The first documented fall is dated 8/8/15 at 12:30 am. Nursing Notes dated 8/8/15 document R19 being observed on the floor of the bathroom and blood under R19's head. R19 is documented going out of the facility to the emergency room via ambulance and receiving three staples to the back of R19's head and returning to the facility the same day.</p> <p>The "Accident/Incident Report" documents another fall on 11/9/15 at 11:00 am. Nursing Notes dated 11/9/15 document that R19 was found on the floor after self-toileting with a pool of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>blood under R19's head. R19 was assessed and sent to the emergency room via ambulance where she was admitted for a brain bleed. R19 was discharged back to the facility on 11/12/15, with the additinal diagnoses of Traumatic Subdural Hemorrhage.</p> <p>Both falls of 8/8/15 and 11/9/15 are marked "no" on the "Accident/Incident Report" as not being reported to the Illinois Department of Public Health (IDPH). There was no facility documentation to support that either fall had been reported to the state agency (IDPH) via facsimile or any other means of communication.</p> <p>E5, Regional Nurse Consultant stated on 4/22/16 at 11:10 am that R19's two falls should have been reported to IDPH. E5 had spoken with E1, Administrator. E5 stated that E1 had thought both falls had been reported. E5 stated that E1 is responsible for reporting all falls with injury requiring outside emergency treatment. E5 stated "I don't think we have an exact policy on that...we just follow the State Regulations on reporting." E5 acknowledged the facility had no documentation showing that R19's falls on 8/8/15 and 11/9/15 had been reported to IDPH.</p> <p>(B)</p> <p>300.1230k)1) 300.1230k)1)2)3)4) Section 300.1230 Direct Care Staffing</p> <p>k) Effective September 12, 2012, a minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>3-202.05(e) of the Act)</p> <p>1) To determine the numbers of direct care personnel needed to staff any facility, the following procedures shall be used:</p> <p>1) The facility shall determine the number of residents needing skilled or intermediate care.</p> <p>2) The number of residents in each category shall be multiplied by the overall hours of direct care needed each day for each category.</p> <p>3) Adding the hours of direct care needed for the residents in each category will give the total hours of direct care needed by all residents in the facility.</p> <p>4) Multiplying the total minimum amount of licensed nurse time that shall be provided during a 24-hour period. Multiplying the total minimum hours of direct care needed by 10% will give the minimum amount of registered nurse time that shall be provided during a 24-hour period.</p> <p>These requirements are not met as evidenced by: Based on record review and interview, the facility failed to meet minimum staffing requirement for Registered Nurses on two of fourteen days. This has the potential to affect all 72 residents in the facility.</p> <p>Findings include:</p> <p>On 4/21/16 at 1:45 PM, E2 (Director of Nurses) provided a staffing spreadsheet dated 4/2/16 through 4/16/16. The spreadsheet documents that the average daily census for the two - week period was 17.14 skilled care residents and 54.85 intermediate care residents, calculations determined a total minimum of 20.23 RN (Registered Nurse) hours are needed in a 24 hour period.</p> <p>The staffing spreadsheets and work schedule document the following staffing failure:</p> <p>4/3/16 - 12 hours of RN staffing resulting in a shortage of 8.23 hours.</p> <p>4/10/16 - 12 hours of RN staffing resulting in a</p>	S9999		

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S9999	Continued From page 5 shortage of 8.23 hours. E2 confirmed on 4/21/16 at 3:45 PM the staffing hours provided were correct as provided on the spreadsheet. On 4/22/16 at 10 AM, E2 acknowledged the facility was short on 4/3/16 and 4/10/16 with RN hours. The Resident Census and Conditions of Resident Report dated 4/19/16 documents 72 residents reside in the facility. (AW)	S9999			